

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. 10/511542

Publication Date 11.6.03

Publication No. WO 03/092317 PCT/RO/101

Copy of ISR EP, Copy of IPER SE

Assignee information: \_\_\_\_\_

Priority Info: Country \_\_\_\_\_ No. NO date \_\_\_\_\_ MORE (turn o

Correspondence checked: 32294

Inventor Name checked: F Juha Pekka L KOSKINEN

Inventor Residence city: Hameenlinna date and/or country FI citizenship: FI

International Application No. PCT IB02/01384 Language Eng

Copy of ISR: ✓

Copy in International Application: ✓; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 950; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 18 Chargeable 18 Independent 2 multiple No

Number of drawing Sheets: 2 Foreign language: \_\_\_\_\_

Oath/Declaration: ✓; signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed \_\_\_\_\_

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: ✓; Annexes: ✓ entered ✓ not entered \_\_\_\_\_

Preliminary Amendment(s): ✓ date: 10.18.04; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ✓ DATE: 10.18.04 2<sup>nd</sup> DATE \_\_\_\_\_

Request for Immediate Examination: ✓

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: ✓ forwarded to Assignment branch date: 5.2.05

Priority Document(s): NO date \_\_\_\_\_; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ✓, Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: \_\_\_\_\_ Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: 10.18.04

Notice of Missing Requirements: 10.18.04

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: 5.2.05

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: 308, \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_